

Request for Service Form – Temporary Support

The intent of this order form is to only hire temporary help under the 5 CFR Part 300

Maximum time for temporary support is 240 work days

By filling out this form you are in agreement of the above statement

Rocky Mountain Regional CASU (RMRC)
Box 25305, Bldg. 41, RM 137, Denver Federal Center
Denver, CO 80225
(303) 236-9692 FAX (303)236-0016

Date: _____

Task Order Number _____ (assigned by RMRC)

Vendor Assigned to this task order: _____ (assigned by RMRC)

Requesting Agency:

Agency _____ RMRC MOU# DEN _____

Agency Address _____

Project Officer Name _____ Phone Number _____

Email Address _____ Fax Number _____

Alternate Contact _____ Phone Number _____

Project Officer Signature _____ Date _____

Approving Official Signature _____ Date _____

Place of Performance if other than the address shown above _____

Required Services:

Statement of Work MUST be attached.

If you have a suggested source reference that source here _____

Skill category: _____ Number of people to complete the task: _____

Period of Performance: Start Date _____ End Date _____

IF THE END DATE SHOULD NEED TO BE EXTENDED SEND AN EMAIL TO:

TMILLER@DEN.FEDSOURCE.GOV & MPFAU@DEN.FEDSOURCE.GOV

Hours per day _____ Hours per week _____ Days to be worked: M TU W TH F

Estimated Total Hours _____ Work Hours: _____ am to _____ pm

Overtime Authorized: Yes No Authorized Dollar estimate for OT \$ _____

Travel Authorized: Yes No Authorized Dollar estimate for Travel \$ _____

When travel is authorized the contractor will be reimbursed in accordance with the GTR.

Security/Police/Driving record check (If you check yes below you are asking the vendor to perform the service)

Is a security check required? Yes No What Level? _____

Is a Police check required? Yes No

Is a driving record check required? Yes No

List equipment/facilities to be provided by the government for the performance of this task:

Is safety equipment required to perform this task? Yes No If yes, list the equipment needed: _____

Billing Information

Task Order Number DEN # _____
Agency Name: _____
Requester Name: _____

Check one of the billing methods below

IPAC Billing

OR

Credit Card Billing (complete the attached credit card information form)

DOD Agencies

Attached is MIPR # _____

A MIPR has already been sent in. Use MIPR # _____

Civilian Agencies

Attached is a funding document (customer obligating document, i.e.; purchase order, misc. obligating document, funded IA etc.) that should be used for all charges associated with this order. A funding document that covers Fiscal Year _____ has already been sent in. Refer to funding document # _____ for charges associated with this Order.

Use this task order form to fund the amount listed below and use the following account number for all charges associated with this order:

Accounting Line/Account Number _____

Funds Obligated: \$ _____

Signature of Certifying Officer for the above funds

Date

Title of Certifying Officer

Phone Number

Fax Number

Under our new billing system authorization can be given to allow access to billing information online. Please list the name, phone number, fax number, and email for personnel in your agency that require access to the billing information.

Name: _____

Phone Number: _____ Fax Number: _____

Email: _____

If additional people need access please attach a separate page with the above information.